

Michigan Department of Human Services

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

*INCLUDES LICENSED MASTER'S SOCIAL WORKER, LICENSED BACHELOR'S SOCIAL WORKER, SOCIAL SERVICE TECHNICIAN, REGISTERED SOCIAL SERVICE TECHNICIAN
(Act No. 352, P.A. of 1972, as amended)

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to the local county Department of Human Services. Indicate if this report was phoned into DHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-21. Only medical personnel should complete items 22-30.

1. Date - Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected - Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name - Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name - Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
5. Child(ren)'s address - Enter the address of the child(ren).
6. City
7. County
8. Phone - Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) - Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred - Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect - Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint - Check appropriate box noting professional group or appropriate category.
Note: If abuse or neglect is suspected in a hospital, also check hospital.

DHS Facility - Refers to any group home, shelter home, halfway house or institution operated by the Department of Human Services.

DCH Facility - Refers to any institution or facility operated by the Department of Community Health.

15. Reporting person's name - Enter your name if you are reporting this matter.
16. Name of reporting organization - Enter the name of the agency or organization, if appropriate.
17. Address
18. City
19. State
20. Zip Code
21. Phone Number